An Urban Continuing Care Retirement Community of the Twenty First Century

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An Urban Continuing Care Retirement Community of the Twenty First Century

By

Michael W. Isaac

A Thesis

Presented to the Faculty of The Graduate College at the University of Nebraska In Partial Fulfillment of Requirements For the Degree of Master of Science

Major: Architecture

Under the Supervision of Professor Betsy Gabb

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Maximizing the land-use potential in crowded urban areas by the creation of mixed-use developments built in a high-rise format is more important than ever. In urban environments with high building density the little land that does become available for development must be utilized in a manner not only efficient, but to meet the needs of the community it is constructed within. As the baby boomer generation enters retirement, the senior housing market will experience growth to accommodate the need. Developing senior housing that will provide desirable attributes expected by this generation is necessary. In the urban environment the
development of senior housing facilities should be approached in a manner beneficial not only to the residents within the facility, but also the community in which the built environment is created.
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Dedication

I wish to dedicate this work to my partner William, as well as my parents, family, and friends for their encouragement, patience, and understanding throughout the last six years of higher education. I especially would like to thank my Aunt Patricia and Uncle John for assisting me in the first steps to return to school. It has meant more than you will ever know.
Acknowledgement

I would like to acknowledge the dedicated educators who have shared their knowledge and professional experience with me over the course of my education. I feel it be noted that their wisdom is reflected in the pages of this work. I wish to extend a special thank you to Professor Betsy Gabb for her guidance throughout this process - without her assistance this would not have been possible.
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Chapter 1. Introduction

Maximizing the land-use potential in crowded urban areas by the creation of mixed-use developments built in a high-rise format is more important than ever. In urban environments with high building density the little land that does become available for development must be utilized in a manner not only efficient, but to meet the needs of the community it is constructed within. The creation of mixed-use developments provides many benefits to those who reside within them. “Such neighborhoods enable people to live near where they work—reducing commutation time and expenses, allowing greater opportunity for community engagement, discouraging crime through having ‘eyes on the street,’ and encouraging healthier lifestyles that emphasize walking and biking.” (Mixed-Use Development and Federal Housing Regulations: A Report to the Oram Foundation on Literature and Case Studies Findings 2013) There are many combinations of function that these hybrid structures can accommodate that compliment (and often profit) one another. One popular component of mixed-use developments is housing. According to a report compiled by the Congress for the New Urbanism the market demands for housing are being driven by the two largest demographic groups in the United States: the baby boomers and the millennials. They show preference for walkable, urban, mixed-use neighborhoods. This market demand has driven developers (including those creating affordable housing) to respond to this demand with mixed-
Housing in mixed use developments may come in the form of apartment rentals or condominiums as communities for college students or communities for the older adult population (senior housing). The need for senior housing stock in urban markets is a market sector that will only continue to grow as the baby boomer generation start to seek senior living options when they reach retirement age.

According to the United States Department of Health and Human Services in 2011 there were nearly 41.4 million adults over the age of 65 in the United States, 25.1 million of them were head of household. (Aging and Living 2012) The growth for senior housing will undoubtedly be driven by the baby boomer generation as they retire. “Assuming no change in industry acceptance and growth in demand of roughly 3% per year, the industry will need to add about 94,000 units/beds a year to keep up with demand. Between 2010 and 2030 this means the existing supply will need to increase by about 60%. But this likely understates the level of demand that will be experienced as it is evident that seniors housing utilization rates are rising as the industry matures and the public becomes more knowledgeable about the myriad of seniors housing options available to them.” (Bissell 2009) According to the United States Census Bureau, baby boomers are defined as persons born between 1946 and 1964, and state they numbered 76.4 million in 2012 and account for about one-quarter of the population. In addition the statistics of the Census Bureau state the population age 65 and older is expected to more than double between 2012 and 2060, from 43.1 million to 92.0 million (which will still
include 2.4 million baby-boomers, the youngest of which will be 96 years old.) The increase of those categorized as the “oldest old” is an even more dramatic climb: the 85 and older category are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total population. (United States Census Bureau 2013)

Over the last few decades the senior housing market has seen a significant increase in the development of Continuing Care Retirement Communities. The Continuing Care Retirement Community (CCRC) is a senior housing model that parallels the programming found within many mixed-use developments containing residential development in many ways. CCRCs as they have become known have been defined by the American Association of Homes and Services for the Aging (AAHSA) as "an organization that offers a full range of housing, residential services, and health care in order to serve its older residents as their needs change over time." It was also defined by Sanders “A CCRC is a community that attempts to give the elderly a sense of independence throughout the later years of their lives.” (Sanders 1997). In addition to the services mentioned in the definition often there is a various array of amenities offered within a CCRC ranging from multiple restaurant and lounge venues, health club and spa services, retail and entertainment, in addition to the medical and social services and activities provided. One major difference in the CCRC versus the standard mixed-use development is the amenities and services are not open to the public. In most cases the public mixed-use development’s intention of the retail and professional services housed in the facility encourage the greater community who do not reside within the mixed-use development to patronize their storefronts. The primary goal of the amenities and
services within a CCRC is to meet the consumer and social needs of its residents, but also to help create a supportive environment. Sanders states “CCRCs offer support and caring, not only from residents, but from staff as well. The focus on social interaction and involvement encourages residents to develop family-like ties to their community. This type of community life can be very important to elderly individuals who are not necessarily that close to their own families or who may have lost their spouses or other loved ones.” (Sanders 1997)

Typically when entering a CCRC the resident does not break ties with the greater community in which they live. They will continue to frequent the restaurants, coffee shops, retail stores, beauty salons, and fitness centers they have enjoyed within the greater community. Fulfillment is found in familiar surroundings as well as the social interactions made during religious services, volunteer work, and other organizations they participate in through day to day life. In a study published in the Seniors Housing & Care Journal it was reported residents “continue to use some of the same services used in past years as a majority of residents continue to live close to their prior non-age-qualified community” (Katherine A. Marx, et al. 2010)

Unfortunately with some resident’s social ties to the community can be accessed less often when advancing age is accompanied by a loss of mobility. Outside of the loss of physical independence this often leads to a deterioration of ties to the greater community.

Since residents of a CCRC usually are from the nearby community it is feasible if a CCRC’s development is treated in the manner in a mixed-use development; opening the CCRC’s amenities to the public that draws the greater community into the facility, thus allowing the facility to become a hub of greater community
connectivity in itself. Additionally the concept is worthy of exploration in the urban setting due to the nature of CCRCs being built with many spaces for specific activities. Because many of these spaces do not see continuous use on a daily basis transforming the majority of the function-specific spaces of a CCRC into community-accessible businesses they no longer are a sunk cost of the construction of the facility. With this business model some “community areas” of the CCRC can theoretically generate revenue. Maximizing the use of the built space within the urban setting also helps lessen the greater community’s need to use the limited area eligible for development and duplicate services within the community. Two additional synergies give the residents of the facility the opportunity to enjoy the social connectivity created by inviting the greater community into the facility when it is physically difficult for some residents to accomplish this as well as expose community members to the CCRC. So if and when the time comes for the greater community to make the transition to a CCRC they would be familiar with the residents, staff, and both the community within the CCRC as well as the surrounding greater community, which is a unmeasurable amount of marketing for the continuity of the facility.
Chapter 2. Literature Review

a. Introduction

To fully understand the needs of the older adult population the literature review was conducted; identifying who they were as a categorical part of the greater population. Specifically what was sought was to gain an understanding of the older population demographics as well as their needs physically and mentally from their surroundings. The literature review conducted focused upon the gathering of data and statistics concerning the older adult population and how the demographic would evolve in the future. The research also investigated what barriers this population faces in regard to limited physical mobility and socialization. The scope illustrated encompasses environments both within and outside of senior housing models. This led to examining how the built environment can be programmatically manipulated to maximize the opportunities for the resident to socialize with the surrounding greater community. The final component of literature review focused on how the design can benefit those in the surrounding community as well.

b. The current statistics of the older adult population, its rate of growth, and their life expectancies

The Department of Health and Human Service’s report A Profile of Older Americans: 2012 compiled data and statistics on the current older American adult. It also depicts the demographics of the older adult, the current population numbers,
and how those demographics will change in the future. This report also included breakdowns of the older adult population afflicted with disabilities and diseases as well as limitations of activities of daily living (ADLs).

Healthcare striving to meet the needs of the older adult has entered uncharted territory. The population boom which peaked after the mid-twentieth century has created a sharp rise in the demand for housing options that enable this generation to age-in-place. (Sanders 1997) Also, since many of those who were part of the “Baby Boom” have yet to reach retirement age, the need has yet to reach its peak. The number of Americans aged 45-64 – who will reach 65 over the next two decades represents a 33% increase from the prior period (Aging and Living 2012) One in every eight Americans is an older adult which is 13.3% of the total population, a number that is growing daily. (Aging and Living 2012) These statistics coupled with the fact the average longevity of the global population is reaching numbers greater than ever, facilities need to be designed to care for residents for longer periods than was expected from their inception in America in the 1860s. (Crosbie 2004) Since people reaching the age of 65 have an average life expectancy of an additional 19.2 years (Aging and Living 2012), the designs implemented within senior housing facilities need to meet the needs of several generations of end users (including residents and staff). This means the aesthetics must appeal to multiple generations. Functionality, amenities, living quarters, and medical care capabilities must also ascend far beyond the ward of beds facing center aisle which the modern day facilities have evolved from. (Crosbie 2004)
Of the total population of 41.1 million older adults, 25.1 million of them are the head of household. Of those households 81% were owners and 19% were renters. (Aging and Living 2012) These statistics help guide the facility programming and design the appropriately sized layouts in the facility.

Considerations should be made in the design of facilities for any type of condition or impairment. The Administration on Aging’s report *A Profile of Older Americans: 2012* states that “Some type of disability (i.e., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 35% of men and 38% of women age 65+ in 2011.” (Aging and Living 2012) The report continued to explain “some of these disabilities may be relatively minor but others cause people to require assistance to meet important personal needs.” (Aging and Living 2012) The medical field has made strides in treatment of many diseases and afflictions in the twentieth and twenty-first centuries extending the life expectancy and mobility of those with these impairments. With this data taken into consideration, design considerations should accommodate as many needs as possible. Design choices implemented should surpass the requirements of the Americans with Disabilities Act instead of being limited to its requirements.

c. What are the administrative components of a Continuing Care Retirement Communities?

The work by Saunders defines the administrative makeup and structuring of the modern CCRC. It also provides background on the characteristics of the residents of CCRC facilities. The work explains the principals and details of the
various pricing structures of CCRCs. The report also explains the admission process of the applicant process to gain residency, and what stipulations bar some applicants from admission. (Sanders 1997)

d. What creates barriers to the older adult community from socializing with the greater community?

The article In the Social Connectedness of Older Adults: A National Profile authors Cornwell, Laumann, and Schumm develop a profile of older adults. The profile they develop includes social integration, personal connections and networks, and volunteer associations. The findings concluded the notion “seniors are always isolated” is not necessarily true. However older adults must confront metamorphosis to their interpersonal networks and these close social network ties are not easily replaced. (Cornwell, Laumann and Schumm 2008) If the effort to rebuild new personal ties with individuals and social groups is possible, then the process of building new social connections with new acquaintances is likely. (Cornwell, Laumann and Schumm 2008) This is especially true if the older individual utilizes existing social structures in their communities. “People who have larger interpersonal social networks usually are more involved in voluntary associations, and voluntary associations and other groups provide opportunity structures for establishing interpersonal relationships.” (Cornwell, Laumann and Schumm 2008)

Though the loss of close contacts can cause a breakdown of one’s connections to the greater community, often times it is also a collapse of the
individual’s physical health or mobility. In D.H. Metz’ article *Mobility of Older People and Their Quality of Life* the author questions how mobility should be defined. Focusing the investigation on the older population, the author examines the loss of mobility with increasing age and its effects on quality of life. The findings point to focusing the creation of and adaption of existing housing to stimulate connectivity with the greater community for seniors with a loss of mobility. “It is generally agreed that there is an important relationship between mobility and the quality of life of older people. Loss of mobility is seen as resulting in a substantial diminution of well-being, as happens when a person can no longer safely drive a car or when physical movement is significantly hindered through age-associated disability.” (Metz 2000)

e. How can the design of a CCRC increase the opportunities of social interaction for residents with limited physical mobility and maximize quality of life?

Can the manipulation of the design of the CCRC potentially lessen the effects of the loss of mobility? Can this be done without detracting from an individual’s ability to have quality interactions within the greater community? Truth be told, currently the creation of any type of housing cannot restore the lost mobility to its residents. But research produced by Raymond does show how amenities are managed within a CCRC can create social experiences similar to those experienced in the greater community. Creating a facility culture resident’s desire in regard to respecting their independence and privacy in leisure activities would do just that. It was reported by Raymond: “Staff should act in ways that respect the experiences and culture of seniors, thus avoiding infantilizing patterns. On the other hand, staff have to keep in mind that it is more than a place that provides entertainment or keeps them
occupied; it represents a living environment that holds meaning and enables reciprocities.” (RAYMOND, et al. 2013) This information is important to keep in mind when designing public spaces of the proposed facility. Though areas of the facility would be open to the general public and should not be completely unobserved, these areas should be staffed and designed in regard to the resident’s independence. This would give end-users the sense of being in an inclusive neighborhood place.

To further explore an answer to this question some evidence pointing to quality of life is attributed to socialization with younger generations as well. Bullock & Osborne’s work investigated the perspectives of seniors, their families, and the young adults who participated in intergenerational programs in rural communities. The primary focus of the program was to bring isolated seniors together with young adults from the community for weekly visitations. (Bullock and Osborne 1999) The research reached the conclusion that interactions with the aging population are beneficial to sustain their engagement with life. Youth and older adults alike reported fulfillment from the interactions. Also the reciprocal engagement of youth and seniors strengthens the community and benefits its members as a whole. (Bullock and Osborne 1999)
f. Can the needs of the residents of an urban CCRC and those of the greater community be met by the programmatic design of a CCRC?

Marx, Gaines, Burke, Resnick, & Parrish’s investigation: Group Activity Participation and Community/Medical Services Use Before and After Moving into a Continuing Care Retirement Community: A Five-Year Examination surveyed participants in a study over a five year period regarding what services and amenities they used in the CCRC. The survey also measured what facility sponsored activities they participated in during the course of the study. The survey found some residents utilized the services and amenities more frequently than others. This was especially true if the same residents chose to participate in social and volunteer groups throughout the duration of the study. Many of the able bodied of residents sought to use amenities and services from the greater community as they had prior to relocating to the CCRC. However those who showed an increase in medical usage during the progression of the study declined in participation in activities and greater community services with advancing age and medical treatment usage. This research is beneficial to guide space planning to accommodate residents with easier access to amenities and services which they seek within the facility. This research also informs as to which amenities the optimally mobile residents wish to seek in the greater community opposed to within the facility itself. (Katherine A. Marx, et al. 2010)

The work by Singelberg, Stolarz, and McCall explores a European model in Eching, Germany similar to that which this work is proposing. The program’s premise is based upon housing and support programs that help maintain the independence of the residents within their own community. The facilities and
services implemented are based within what is referred to as an Integrated Service Areas (ISAs). The program calls for “the support and participation of the government and local citizens” (Singelenberg, Stolarz and McCall 2014) and integrates different levels of “provision of housing, social, and physical support services in addition to various levels of care.” (Singelenberg, Stolarz and McCall 2014) Though one ISA does incorporate some housing and spaces open to the public (a café, meeting, and activity rooms); its housing element is smaller scale, including only independent living and assisted living units. Also the bulk of program participants provide their own housing, spread throughout the neighborhoods in which the ISAs are located. (Singelenberg, Stolarz and McCall 2014) In short, the model is an aid to aging-in-place in one’s residence if they live in the ISA. In addition, this model offers no medical services located within the sponsored housing and recreational facilities themselves. Also this model does not have the amenities (like ice cream & beauty parlors, workout facilities, and gift shops) expected within an American CCRC; nor are the retail, recreational, and community support outlets proposed in this work present.

The article Relative Influences of Individual, Social Environmental, and Physical Environmental Correlates of Walking does in part help answer the question if the built environment can help benefit the greater community. As part of their findings Giles-Corti and Donovan report “those who had no sidewalk and no shops on their street in comparison to those who had access to either or both of these attributes were about 25% more likely to achieve recommended daily levels of walking.” (Billie Giles-Corti and Robert J. Donovan 2003) The premise of this work examined social environmental, individual, and physical environmental issues
correlated to walking. This study concluded that though walking is common, most people do not do enough of it to reap the benefits associated with the activity. This information supports the proposed work in creating more community connectivity through enhancing walkability in the neighborhood by opening amenities and services to public use. Placement of the proposed facility within a walkable neighborhood will encourage the residents to do so as well. (Billie Giles-Corti and Robert J. Donovan 2003) The authors go on to say “There is a growing awareness that neighborhood design can influence local walking practices.” (Billie Giles-Corti and Robert J. Donovan 2003) To design the proposed facility helps create a more walkable neighborhood for the greater community in addition to putting them in reach of additional resources. In addition to Giles-Corti & Donovan’s research, the work Exercise and Older Patients: Guidelines for the Clinician found that the more able bodied residents being part of a walkable community is also beneficial considering that “spontaneous activity levels decline with aging in most individuals, resulting in increased sedentariness and its attendant adverse effects. A striking finding in some, but not all, studies of exercise, particularly those involving strength training in older individuals, is that spontaneous activity levels increase as gains in strength are realized. Balance is also likely to be improved with increased muscle strength.” (Christmas 2000)
g. What attributes of a mixed-use development are best suited to integrate into a Continuing Care Retirement Community?

Continuing Care Retirement Communities (CCRCs) are an increasingly popular housing option for seniors because they provide care for the resident through the progression of care from independent living, to assisted living, to skilled nursing (Wacker et al., 1997). Gagne, Tunte, and Horn’s article titled *Don’t Fence Me In* states that the United States is approaching a total of 1,900 CCRCs. Many have found ways for mixed land uses on site and in the greater community to open the doors to more socialization and integration opportunities. (Gagne, Tunte and Horn 2013) The work goes on to discuss each generation of seniors has its own expectations from a senior living facility, and this generation is seeking an experience that is integrated into the greater community in contrast to prior generations. The integration of social programs of the community is possible in many areas due to the deviation of traditional zoning by the integration of amenities and services like medical offices, health and wellness programs, and beauty salons. (Gagne, Tunte and Horn 2013)

Neither a search of successful amenity and service components nor a survey preferences produced the quality of information needed. However, there was an article from the Library Journal from Murvosh of interest titled *Better*. The work discusses successful partnerships of public libraries within parks, schools, and mixed use developments that have proven successful partnerships. The project of particular interest was the integration of a branch of the Milwaukee Library system into a new senior housing development on public land. The new branch location’s patron visits rose 91.1% over the first year of integration within the new facility. The
use of a library within the proposed project could prove to be just as successful for this proposed project as with its integration with additional amenities and services open to the public and the residents could prove to be an additional draw to the concept.

**h. Summary**

An article by Singelenberg, Stolarz, and McCall does address many of the aspects this work proposes. It noted respondents made more social interactions in medical centers, shopping areas, and on the street than in designated activity centers. (Singelenberg, Stolarz and McCall 2014) However the Integrated Service Areas program does not meet all stages of care criteria that CCRCs do. In addition the built environment that were created in Integrated Service Areas offered are not planned in a high-density manner. In addition the built environment typically does not address the needs of the greater community beyond the senior population.

The article by Metz *Mobility of Older People and their Quality of Life* in its conclusion points out that measures need to be taken for older adults to improve mobility, thus independence. However, there was no solution as to how to accomplish this is provided. This work did not address what components of socialization could be introduced to them in their surroundings if mobility was not an option either.

The article by Raymond did note socialization of older adults should be autonomous of staff directing or interfering in social interactions. (RAYMOND, et al. 2013) In addition the article shared methods of socialization for older adults with the greater community through volunteer programs and group activity. (RAYMOND,
et al. 2013) However, it did not provide a solution for the reciprocal benefit of services and amenities being offered to the greater community. This missing component does not give the residents of the CCRC the opportunity for natural occurring interactions.

A CCRC is more than a facility, it is more than a place for residents to call home; it is a place created with the intent of focusing on the quality of the end-users life – physical, social, and spiritual. (Crosbie 2004) The development of a newly constructed CCRC can offer an opportunity to study the contribution interior design makes to place attachment. (Paul E. Eshelman and Gary W Evans 2002) The proposed design would give an opportunity not only to study how it contributes to quality of life and attachment to place. It could provide the stage to study if the built environment can encourage socialization within the greater community. In addition, it would give an opportunity to study if a CCRC could socially benefit the surrounding community as well.
Chapter 3. Problem Statement

a. Reveal of the research problem

The built environment has undergone countless observations of its effects on the end user. One problem that has not been addressed is can the built environment of a Continuing Care Retirement Community broaden the opportunities for social interaction while benefiting the surrounding community. The practical significance of this question is a CCRC’s built environment layout has never had the intent of creating social interaction with the surrounding greater community for the residents. The research will be used to explore the practical problem of how the programmatic and plan configurations can optimize social opportunities while simultaneously benefitting both the residents and the greater community.

b. Significance of exploring the problem statement

The ability to acquire social connectivity with the greater community for many mobility challenged older adults is often unattainable. Due to the loss of a partner or close friends older adults often find themselves with diminished social connections. A simple solution is to bring the community to them. Also, the current generation of older adults are driving the need to develop new interpretations of what amenities and services should be readily available within CCRCs. Research
also shows a desire for a CCRC experience with greater community accessibility. (Gagne, Tunte and Horn 2013)

The proposed design solution provides examples of how these issues can be addressed. In addition, the solution would maximize land use, and supply the greater community with additional resources as well. Not enough research has been conducted on how the CCRCs built environment can benefit the greater community. Research on programming component arrangement creating greater community connectivity is lacking currently as well. This design solution would provide the platform to conduct such future research.

c. Relevance of the problem statement

There has been much research on aging in the respects of social participation, physical and emotional well-being, intergenerational socialization, physical location and its effects when mobility becomes limited, as well as the many facets that create quality of life. In addition there is information on the benefits and effects of Continuing Care Retirement Communities and Residential Mixed-Use Developments. The following work will act as a union between these findings and the built environment; proving the social and societal benefits the manipulation of the built environment’s programmatic and physical design can have on its occupants and the greater community surrounding it.

The architect Michael J. Crosbie’s introduction for the Design for Aging Review stated: “One aspect of design now is to find ways to maintain connections between the elderly and their neighborhoods and communities. This allows a more
gradual transition from life at home to life in a new community of aging residents. Providing spaces and accommodations for visiting family members and friends allows these connections to flourish and strengthen.” (Crosbie 2004) Keeping this ideology in mind, the goal of urban mixed-use developments is to create walkable, well-designed communities with many amenities helping create the density that enables housing to be constructed for a range of incomes. It can also provide the context for mixed-income, racially integrated communities that improve and enhance social mobility, and that contribute to well-functioning local economies. (Mixed-Use Development and Federal Housing Regulations: A Report to the Oram Foundation on Literature and Case Studies Findings 2013)

By placing neighborhood resources within the CCRC would enable the less able-bodied of the residents to have spontaneous moments of social interaction with members of the greater community. These spontaneous interactions are not possible if community resources such as community centers and retail shops are not easily accessible to the resident that is experiencing a loss of mobility.

Utilizing programmatic components of the CCRC with the schematic design of a mixed-use development integrated together will bridge two architectural ideologies. By the bridging these ideologies the answer to the question of how senior housing developments of the twenty first century should evolve will be answered.
Chapter 4. Site Selection

a. Illinois and Chicago in context

To understand why this model is more appropriate in the City of Chicago versus greater Illinois data was gathered for both areas. The city of Chicago’s population is estimated at 2,718,782. (U.S. Census Bureau 2014) In contrast the state of Illinois’s total population of 12,882,135. (U.S. Census Bureau 2014) To gain a better perspective of the population density comparisons should be considered for land areas. The City of Chicago is comprised of 227.63 square miles. (U.S. Census Bureau 2014) That is part of the land area of the State of Illinois totaling 55,518.93 miles. (U.S. Census Bureau 2014) Though the city is only a fraction of the state as a whole it is calculated that the City of Chicago boasts 11,841.8 people per square mile. (U.S. Census Bureau 2014) In contrast the State of Illinois only has a population density of 231.1 people per square mile (including those in the City of Chicago). (U.S. Census Bureau 2014) Also, 70.6% of Chicago’s housing is located in multi-unit structures versus only 32.9% in the state of Illinois as a whole. (U.S. Census Bureau 2014)

b. Locating the general site area

To select where an appropriate site could be located for the proposed facility two methods were used. To locate where there is a need for a CCRC in Chicago a search was conducted by zip code using the Nursing Home Compare (Medicare 2014) tool from Medicare’s website at medicare.gov. After prospective areas were located statistical data was examined from the United States Census Bureau from
each zip code. This method was chosen for two reasons. One, to ensure the population demographic could support the need for senior housing. Two, that there was enough population density to utilize the components proposed accompanying the housing element. When the criteria had been met the final component for site selection was to locate a site to accommodate a facility of this scale. The 60626 zip code in the Rogers Park neighborhood best fit the criteria set forth for the project.

![Map of area zip codes with Rogers Park overlay](source: Google Maps)

Figure 4.1 Map of area zip codes with Rogers Park overlay
c. Statistics of the area

The total population of zip code is estimated to be 50,139 people. (U.S. Census Bureau 2014) Of the 22,545 households reported there were 2,926 households with individuals 65 years and older, totaling 13% of the households in that area. (U.S. Census Bureau 2014) The need for senior housing will only continue to rise in this neighborhood. As the demographic chart shows the 45 – 54 year old demographic comprises 10.9% of the total area population, when factoring in the 13.2% of the population that is currently over the age of 55 will make for a sharp increase in demand within a relatively short time span.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population</th>
<th>Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 to 54 years</td>
<td>6,443</td>
<td>10.90%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>1,784</td>
<td>3.00%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>1,784</td>
<td>2.30%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>2,247</td>
<td>3.80%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>1,655</td>
<td>2.80%</td>
</tr>
<tr>
<td>85 years +</td>
<td>749</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

*Figure 4.2 Age demographics of the 60626 zip code*
d. Selecting a specific site within the area

Once the target area was determined a search was conducted for vacant commercial real estate in the area. Commercial real estate search engines were scanned for a property to meet the criteria. When this did not produce significant results a search was conducted on the Cook County and City of Chicago websites for government owned properties for sale or those accepting requests for proposal. On the City of Chicago’s website a property was located within the target area. It is a vacant lot located at 7519-7533 North Ashland Avenue.

There are only 3 CCRCs in a five mile radius of the zip code of the proposed site. (Medicare 2014) As shown in figure 5.1 Property “A” is The Admiral at the Lake, 933 West Foster Avenue in Chicago, and is 3.0 miles from the proposed site zip code. Property “B” is The Mather, 425 Davis Street in Evanston and is 3.2 miles from the proposed site zip code. Property “C” is Lincolnwood Place 7000 north McCormick Boulevard in Lincolnwood and is 3.3 miles from the proposed site’s zip code.
As shown in figure 5.3 the site is centrally located between the three surrounding CCRCs. Also only one of the three surrounding CCRCs are located in Chicago.
This location is ideal in many other ways as well. The proposed site is a few blocks from Lake Michigan, south of Northwestern University, north of Loyola University, and in a neighborhood experiencing a surge in rehabilitation and redevelopment of properties surrounding the site. Also the Howard Street Rapid Transit Station is one block west of the site.
e. Proposed site data and description

- Address: 7519-33 North Ashland Avenue, Chicago, IL. 60626 (City of Chicago 2014)

- Location: East side of Ashland Avenue between Howard Street to the north and Rogers Avenue to the south (City of Chicago 2014)

- Lot Size: 45,862 square feet (1.05 acres) (City of Chicago 2014)

- Shape: Pentagonal (City of Chicago 2014)

- Street Frontage: Approximately 120 feet of curbside bordering Howard Street to the north and 340 feet of curbside bordering Ashland Avenue to the west. (City of Chicago 2014)

- Site Condition: Vacant (City of Chicago 2014)

- Zoning: B3-5 (Community Shopping District) (City of Chicago 2014)
f. The Ward #49 and City of Chicago development goals and objectives

The Department of Development and Planning has set forth a criteria that a proposal for the site that must be met. (City of Chicago 2014) The need requirements of the property are aligned closely with the programmatic needs of the proposed facility. How these goals and objectives can be met is addressed later in the programmatic design solutions of the proposal.

- A high-density mixed use development (City of Chicago 2014)

- An active street presence with engaging ground-level retail that enlivens pedestrian experience in proximity to the site (City of Chicago 2014)

- A use of mixes that enhance neighborhood diversity and activity along Howard Street (City of Chicago 2014)
- One of more uses that take advantage of the proximity to the Howard Street rapid transit station (City of Chicago 2014)

- An appropriately designed parking component to serve on-site uses (City of Chicago 2014)

- An innovative and environmentally-sustainable design that meets the City’s Sustainable Development policy requirements (City of Chicago 2014)

Figure 4.7. Site Boundary Howard Street and Ashland Avenue

**g. Site Proximity**

The site is centrally located between several points of interest in the local community. The points of interest are all walkable distances from the site as well. As seen in figure 5.6 a park, community center, shopping center, public transit, and Lake Michigan are at the doorstep of the site.
Figure 4.8. Area plan of the proposed site and the surrounding points of interest

**h. Summary**

The site located for the proposed facility is a proper match in several respects. The size of the site is the appropriate scale needed for the facility. The programmatic requirements set forth by the City of Chicago for the site can be fulfilled by the proposed facility. Also the site location will not be challenged with competing with a facility in close proximity, yet is centrally located in a walkable location within the community.
Chapter 5. Site Analysis

a. Introduction

The proposed site is located along the northern edge of the city of Chicago. The following site analysis focuses upon the services and amenities located within the zip code of the proposed site. There are additional services and amenities located north and west of the proposed site in the bordering suburbs of Evanston and Skokie.

Figure 5.1. Map of the greater Chicago Area

Source: Google Maps
b. Transportation

The city of Chicago has an extensive public transit system connecting every area of the city by bus and commuter train.

Figure 5.2. Map of the Chicago Transit Authority routes of the northern side of the city and the bordering suburbs
The proposed site is located one block east of the Chicago Transit Authority (CTA) Station at Howard Street (the street bordering the site to the north). This station is one of the largest public transportation hubs in the city. (Chicago Transit Authority 2014) The hub has three commuter trains that station here as well as seven bus lines that stop at this location as well. It is an optimal site in regards of utilizing public transportation. The CTA’s accessibility is not only ideal to reach destinations in the city, it is easy connectivity to the surrounding suburbs and other modes of transportation to national and international destinations. (Chicago Transit Authority 2014)

-The Yellow Line takes passengers from this location to the suburb of Skokie, northwest of the site. From the drop-off point in Skokie the Metra Trains continue on into the outer suburbs and destinations as far north as Milwaukee. (Chicago Transit Authority 2014)

-The Red Line is the northern-most stop for the Red Line. The Red Line runs north-south through the city. It can take passengers into the southernmost portion of the city.

-The Purple Line is the third train that stops at the Howard Street Hub. This train runs express traveling south from this station to the Chicago Loop (downtown) and also travels north through the suburbs of Evanston and Wilmette. (Chicago Transit Authority 2014)

The bus system can be used to reach the other train lines and destinations through Chicago and the surrounding suburbs the three train lines in the hub do not
reach. The Howard Street Station is a hub for the bus lines as well. (Chicago Transit Authority 2014)

-The #201 travels north to the suburb of Evanston

-The #215 & #97 travel west and then north from the station.

-The #290 travels south and west from the station.

-The #22 travels south to the Chicago Loop from the station.

-The #147 & #151 travel east to the lake shore and travel south to destinations in the Chicago Loop including Union Station, which sends 3.5 million travelers to destinations outside of the Chicago area annually. (Amtrak 2013-2014)
c. Parks & Recreation

Within a three mile radius of the proposed site there are 59 parks and 2 public beaches. (Chicago Park District 2014)

![Map of city park & recreation locations near site](image)

Source: Google Maps

Figure 5.3. Map of city park & recreation locations near site ("S" signifies a staffed facility)
The locations of the Chicago Park District offer the expected facilities and amenities found like baseball fields and walking paths. In addition some unique facilities offer features like wellness centers, theatres, ceramic studios, wood shops, and cultural centers. Some of the activities are free, and some with a fee offer a low or income-based fee scale. (Chicago Park District 2014)

Some parks with unique features in walking distance from the proposed site are:

- Pottawattomie Park at 7340 N. Rogers Avenue. Pottawattomie offers a wellness center, rentable clubrooms for events and celebrations, and a separate dog park area.

- On the lakefront is Loyola Park at 1230 W. Greenleaf Avenue. They have a woodworking shop for individual use and offer instructional courses. There is also The Circles which is a community garden with plots for a small fee for use, an auditorium, beach-front swimming and the Loyola Dune Habitat.

- On the proposed site north across the street is Willey B. White Park. It is a 3 acre site open year round with a variety of programs. Some that would be of particular interest to the residents would be in the field house. It has a fitness center with aerobic classes and senior stretching. (Chicago Park District 2014)

The amenities and services of the entire Chicago Park District offer opportunities of greater community social interaction for the residents lacking ties to the community. Most facilities are open all year so it is not just a seasonal outlet for resident use. (Chicago Park District 2014)
d. Churches

The city of Chicago has a diverse population who practice an array of faiths. In the zip code of the proposed site alone there are 30 houses of faith. (Yellow Pages 2014)

![Map of churches in and near site zip code](Figure 5.4. Map of churches in and near site zip code)

Those who practice the varying forms of Christianity, to Judaism, and the eastern faiths will have accessibility to services of their choice in the local
community. In addition there are larger congregations closer to the downtown area accessible by public transit.

e. Groceries

The city of Chicago offers many chain, specialty, independent, and ethnic grocers.

Source: Google Maps

Figure 5.5. Map of area grocery stores in and near site zip code
These grocery store options would be in addition to the grocery store located in the proposed facility. Many of the smaller independent grocers in the area offer grocery delivery for free or a small fee on small orders. There are also national companies like Peapod who will deliver to residents as well. There currently is a Whole Foods under construction two blocks west of the proposed site projecting a 2015 as well.

f. Medical Offices

In the immediate area of the proposed site there are eight clinics, three dentists, and several specialist offices. In addition one mile northwest of the site in neighboring Evanston there is St. Francis Hospital, equipped to handle emergency situations encountered by the residents.

Figure 5.6. Map of medical offices in and near the site zip code
The proposed site programming includes on-site medical services. The services will include general, dental, geriatric, and therapeutic specialists among the practitioner offices located within the facility.

**g. Retail**

Within walking distance of the proposed site there is a shopping center two blocks west of the site. It houses several home goods retailers, a health food store, in addition to one of the large chain grocers noted in part “d” prior. In addition there are several small clothing stores, specialty bakeries, and a cellular phone service provider in the area.

![Figure 5.7. Map of retail shops in walking distance of the site](image-url)

Figure 5.7. Map of retail shops in walking distance of the site
The proposed site will offer several additional retailers within the facility itself in addition to those in the greater community.

**h. Museums**

There are four museums near the proposed site zip code. Two are local museums, one is a specialty museum, and the other features local artists and art classes.

Figure 5.8. Map of museums in and near site zip code

Source: Google Maps

There are over sixteen major museums in the Chicago area in total. (Choose Chicago n.d.) One of which is the Art Institute of Chicago, recently rated the number
one museum in the world by Trip Advisor. (Johnson 2014) Some of these offer free and discounted admissions. In addition to the museums Chicago also has dozens of theater houses offering music and theatrical arts performances throughout the city.

i. Restaurants

There are over thirty restaurants located in and near the proposed site zip code. They feature family, fast serve, and ethnic offerings primarily.

Source: Google Maps

Figure 5.9 Map of restaurants in and near proposed site zip code
Restaurant and food service retailers are recommended in the programming for the proposed site. There are very few restaurants in terms of “chains” or higher end offerings. This needed niche in the food and beverage service in the local community will be filled by the programming of the proposed facility.

J. Summary

The selection of this particular site was chosen for several reasons. This plot of land was the only one owned by the city in the Rogers Park area that was large enough to meet the needs of a project of this scale. The city of Chicago when offering brown fields for redevelopment often have specific restrictions and requirements that must be met before the proposed plan is presented to the community for approval. This site’s requirements were met by the programmatic needs of the project. The site’s location played a role in its selection as well. The accessibility of three train lines and seven bus lines one block away traveling virtually in any direction at almost any time of day or night is ideal. The site met the requirements for the proposed retail and food & beverage components of the proposed plan as well. They will help fill market niche that are currently not available in the immediate neighborhood. By providing boutique-caliber retail and upscale food & beverage offerings not found in the community will mean a greater chance of drawing the greater community to the facility, thus creating more social interaction for its residents. Finally the fact that the site does not have a continuing care retirement community in the vicinity fills a need in the senior housing market for the community as well.
a. Introduction

Case studies and facility marketing materials were evaluated across all types of senior housing models in the Chicago market. The most significant reasons were to learn what types of services and amenities were offered, the various layouts of residences, as well as the common areas of the facilities. The information gathered will help guide space allocation, layout, and determine what basic amenities and services are expected in the Chicago market.

b. Resident floor plans of area facilities

Looking at the marketing materials of several local senior housing facilities determined the space typically allocated to residential units in the Chicago market.

1. Presence Resurrection Retirement Community, 7262 West Peterson Chicago, IL
   - Operated by Presence Health. (Resurrection Health Care 2014)
   - Independent living facility. (Resurrection Health Care 2014)
   - This ILF offers eight different floor plans for residents to choose from. (Resurrection Health Care 2014)
   - Floor plan square footage vary from approximately 350 – 800.
Figure 6.1. Presence Resurrection Retirement Community floor plan options
2. The Devonshire of Lisle, 1700 Robin Lane Lisle, IL

- Operated by Brookdale Senior Living Solutions.  
  (Brookdale Senior Living Solutions 2013-2014)
- Continuing care retirement community.  
  (Brookdale Senior Living Solutions 2013-2014)
- Offers three different floor plans for prospective residents to choose from.  
  (Brookdale Senior Living Solutions 2013-2014)
- Floor plan square footage vary from approximately 400 – 775.

![Floor Plans]

Source: The Devonshire of Lisle

Figure 6.2. The Devonshire of Lisle floor plan options
3. Sunrise of Lincoln Park, 2710 North Clark Street Chicago, IL
- Operated by Sunrise Senior Living in Virginia. (Sunrise Senior Living 2014)
- Offers assisted living, memory care, short-term stays, and hospice care. (Sunrise Senior Living 2014)
- Offers prospective residents four floor plans to choose from. (Sunrise Senior Living 2014)
- Floor plan square footage vary from approximately 250 – 450.

![Floor Plan Options](image)

**Source:** Sunrise of Lincoln Park

*Figure 6.3. Sunrise of Lincoln Park floor plan options*
4. The Admiral at the Lake, 708 Foster Avenue Chicago, IL

- A Kendall affiliated non-profit facility. (The Kendal Corporation 2014)

- Offers independent living, assisted living, long term care, skilled nursing, memory support, and rehabilitative services. (The Kendal Corporation 2014)

- Offers six floor plans with 27 different configurations.

  (The Kendal Corporation 2014)

- Floor plan square footage ranges from 1014 to 1950.

  (The Kendal Corporation 2014)
Source: The Admiral on the Lake

Figure 6.4. The Admiral at the Lake Floor plan options
5. The Self Help Home, 908 West Argyle Street Chicago, IL

- Independently operated non-profit serving the Jewish community of Chicago. (The Selfhelp Home, Inc. 2014)

- Offers independent living, assisted living, long term care, skilled nursing, and rehabilitation care. (The Selfhelp Home, Inc. 2014)

- Offers six floor plans to choose from. (The Selfhelp Home, Inc. 2014)

- Floor plan square footage range from 337 to 810.  

(The Selfhelp Home, Inc. 2014)
6. Common Features

- Kitchens in all floor plans. Devonshire and Resurrection offered full kitchens, Sunrise did not. Sunrise is near the city center where real estate is more expensive. Which may account for the design strategy behind this.

- Bathrooms in all floor plans for each facility, all similar in size.

- Bedroom sizes slightly smaller in Sunrise of Lincoln Park.
7. Unique Features

- In-unit storage/walk-in closet for all units except basic efficiency.
- Individually controlled heat & a/c.
- All layouts have a bathroom adjacent to sleeping area.
- The efficiency only unit with balcony.
- Very basic Companion Suite for 2 residents to share for smaller budgets.
- No separate kitchen (kitchenette set-up only) near entry or living areas.

b. Services and amenities

Services and amenities vary with the type and level of care offered, size of
the facility, and what price point the facility commands for residency

1. Presence Resurrection Retirement Community, 7262 West Peterson
Chicago, IL

- Three meals daily in a restaurant-style setting and evening
  snacks. (Resurrection Health Care 2014)
- Weekly housekeeping and laundry services.
  (Resurrection Health Care 2014)
- Nurse availability Monday through Friday. (Resurrection Health Care 2014)
- Spiritual and social activities (Resurrection Health Care 2014)
- Emergency response system (Resurrection Health Care 2014)
- Planned social activities and outings (Resurrection Health Care 2014)
- Mass and other religious activities (Resurrection Health Care 2014)
- Wellness and exercise program (Resurrection Health Care 2014)
- Free parking (Resurrection Health Care 2014)
- Free shuttle bus service to nearby Presence Resurrection Medical Center
  and physicians' offices (Resurrection Health Care 2014)
- Scheduled transportation to nearby shopping facilities, casinos and shows (Resurrection Health Care 2014)
- Meal trays provided to rooms to meet short-term needs (Resurrection Health Care 2014)
- Housekeeping service (Resurrection Health Care 2014)
- Carports-upon availability (Resurrection Health Care 2014)

2. The Devonshire of Lisle, 1700 Robin Lane Lisle, IL
- Transportation services throughout the community (Brookdale Senior Living Solutions 2013-2014)
- Concierge services (Brookdale Senior Living Solutions 2013-2014)
- Restaurant-style dining (Brookdale Senior Living Solutions 2013-2014)
- Weekly housekeeping services including linen service (Brookdale Senior Living Solutions 2013-2014)
- Educational programs, social outings and/or cultural events daily (Brookdale Senior Living Solutions 2013-2014)
- Health and fitness training programs (Brookdale Senior Living Solutions 2013-2014)
- Physical, occupational and speech therapies (Brookdale Senior Living Solutions 2013-2014)
- Multidisciplinary home health services (Brookdale Senior Living Solutions 2013-2014)
- Twenty four hour emergency response system (Brookdale Senior Living Solutions 2013-2014)
- Resident and guest parking (Brookdale Senior Living Solutions 2013-2014)
- On-site postal services (Brookdale Senior Living Solutions 2013-2014)
- Optimum life and celebrations
(Brookdale Senior Living Solutions 2013-2014)
- Connected living (Brookdale Senior Living Solutions 2013-2014)

3. Covenant Home of Chicago, 2720 West Foster Street Chicago, IL
- Operated by Chicago Methodist senior services
  (Chicago Methodist Senior Services 2014)
- Offers assisted living, skilled nursing, rehabilitative services, and memory care (Chicago Methodist Senior Services 2014)
- Personal assistance with daily activities
  (Chicago Methodist Senior Services 2014)
- 24-Hour CNA staff (Chicago Methodist Senior Services 2014)
- Medication monitoring and health assessments
  (Chicago Methodist Senior Services 2014)
- Restaurant-style dining room
  (Chicago Methodist Senior Services 2014)
- Weekly housekeeping and linen service
  (Chicago Methodist Senior Services 2014)
- Scheduled transportation for medical appointments, shopping and social outings (Chicago Methodist Senior Services 2014)
- Worship services and pastoral care
  (Chicago Methodist Senior Services 2014)
- Twenty four hour personalized emergency call system
  (Chicago Methodist Senior Services 2014)
- Twenty four hour security (Chicago Methodist Senior Services 2014)
- Basic cable television service (Chicago Methodist Senior Services 2014)
- Variety of social, educational and cultural programs
  (Chicago Methodist Senior Services 2014)
- Access to white crane wellness center
((Chicago Methodist Senior Services 2014))

- Priority access to Wesley Place rehabilitation, home care services, memory support, and assisted living (Chicago Methodist Senior Services 2014)

- Free membership to Swedish Covenant Hospital's Galter Life Center

((Chicago Methodist Senior Services 2014))

4. The Admiral at the Lake, 708 Foster Avenue Chicago, IL

- Regularly scheduled group transportation (The Kendal Corporation 2014)

- Comprehensive wellness program (The Kendal Corporation 2014)

- Social and recreational programs (The Kendal Corporation 2014)

- Twenty four hour security (The Kendal Corporation 2014)

- On-site assisted living, memory support and skilled nursing care, if needed (The Kendal Corporation 2014)

- Cultural, social and recreational activities (The Kendal Corporation 2014)

- Housekeeping and linen service (The Kendal Corporation 2014)

- Basic cable, internet, and all utilities included (except telephone)

(The Kendal Corporation 2014)

- Restaurant and café for meal service (The Kendal Corporation 2014)

- Medication monitoring and administration available

(The Kendal Corporation 2014)

- Twenty four hour emergency call and response systems

(The Kendal Corporation 2014)

- Assistance with scheduling transportation (The Kendal Corporation 2014)

- Access to rehabilitative services, including speech, occupational and physical therapy (The Kendal Corporation 2014)
5. St Joseph Village of Chicago, 4021 W. Belmont Ave Chicago, IL
- Sponsored by the Franciscan Sisters of Chicago (FSCSC, Inc. 2012)
- Offers assisted living, independent living, continuing care, memory care, and skilled nursing (FSCSC, Inc. 2012)
- Weekly housekeeping (FSCSC, Inc. 2012)
- Personal and linen laundry service (FSCSC, Inc. 2012)
- Daily trash removal and spot cleaning (FSCSC, Inc. 2012)
- Personal mail delivery/service (FSCSC, Inc. 2012)
- Pastoral care services (FSCSC, Inc. 2012)
- Educational, cultural, social, wellness, recreational and spiritual programs and activities are provided daily by the life-enrichment department. (FSCSC, Inc. 2012)
- Physician on-duty at Wellness Clinic during specific hours (FSCSC, Inc. 2012)

6. Common areas within the facilities
- Restaurant-style dining
- Housekeeping services
- Activities planned regularly
- Transportation assistance or group transportation scheduled
- Some level of wellness program available

7. Unique services offered at some facilities
- Personal and linen laundry service
- Daily trash removal and spot cleaning
- Access to rehabilitative services, including speech, occupational and physical therapy
- Free Membership to Swedish Covenant Hospital's Galter Life Center
- Optimum life and celebrations
- Connected living
- Concierge services
- Meal trays provided to rooms to meet short-term needs

c. Common area features and activity spaces

There are many features that are common among facilities. However, the larger scale the facility the more options it offers the residents.

1. Presence Resurrection Retirement Community, 7262 West Peterson Chicago, IL
   - Private dining room (Resurrection Health Care 2014)
   - Greenhouse (Resurrection Health Care 2014)
   - On-site banking (Resurrection Health Care 2014)
   - Planned social activities and outings (Resurrection Health Care 2014)
   - Chapel/religious activities area (Resurrection Health Care 2014)
   - Wellness center (Resurrection Health Care 2014)
   - Fitness room (Resurrection Health Care 2014)
   - Walking paths and garden area (Resurrection Health Care 2014)
   - Lounges on every floor (Resurrection Health Care 2014)
   - On-site Audiologist & Podiatrist (Resurrection Health Care 2014)
   - Beauty/barber shop (Resurrection Health Care 2014)
   - Gift/snack shop (Resurrection Health Care 2014)
   - Library (Resurrection Health Care 2014)
2. The Devonshire of Lisle, 1700 Robin Lane Lisle, IL
- Fitness facility (Brookdale Senior Living Solutions 2013-2014)
- Arts and crafts studio (Brookdale Senior Living Solutions 2013-2014)
- Beauty/barber shop (Brookdale Senior Living Solutions 2013-2014)
- Wellness clinic (Brookdale Senior Living Solutions 2013-2014)
- Banking facilities (Brookdale Senior Living Solutions 2013-2014)
- Wellness center (Brookdale Senior Living Solutions 2013-2014)
- Private dining room (Brookdale Senior Living Solutions 2013-2014)
- Dining room (Brookdale Senior Living Solutions 2013-2014)
- Convenience store (Brookdale Senior Living Solutions 2013-2014)
- Ice cream parlor (Brookdale Senior Living Solutions 2013-2014)
- Complimentary laundry facilities (Brookdale Senior Living Solutions 2013-2014)
- Billiard lounge (Brookdale Senior Living Solutions 2013-2014)
- Outdoor garden areas (Brookdale Senior Living Solutions 2013-2014)
- Library (Brookdale Senior Living Solutions 2013-2014)
- Computer lounge (Brookdale Senior Living Solutions 2013-2014)
- Walking paths (Brookdale Senior Living Solutions 2013-2014)
- Community hub (hosts cultural events and educational activities) (Brookdale Senior Living Solutions 2013-2014)

3. Covenant Home of Chicago, 2720 West Foster Street Chicago, IL
- Laundry facilities on each residential floor (Chicago Methodist Senior Services 2014)
- Main dining room and a lighter fare Café for meals (Chicago Methodist Senior Services 2014)
- Beauty salon/barbershop (Chicago Methodist Senior Services 2014)
- Well-stocked, comfortable library (Chicago Methodist Senior Services 2014)
- Mini market and gift shop (Chicago Methodist Senior Services 2014)
- Lounge on every floor (Chicago Methodist Senior Services 2014)
- Landscaped garden (Chicago Methodist Senior Services 2014)
- Wrap-around front porch (Chicago Methodist Senior Services 2014)
- Wellness center (Chicago Methodist Senior Services 2014)
- Chapel/worship services (Chicago Methodist Senior Services 2014)

4. The Admiral at the Lake, 708 Foster Avenue Chicago, IL

![First Level Plan of Common Areas](image)

Source: The Admiral by the Lake

Figure 6.6. The Admiral by the Lake first level common areas

- On-site beauty salon/barbershop (The Kendal Corporation 2014)
- Pool (The Kendal Corporation 2014)
- Fitness center (The Kendal Corporation 2014)
- Library (The Kendal Corporation 2014)
- Creative arts studio (The Kendal Corporation 2014)
- Solarium (The Kendal Corporation 2014)
- Formal dining (The Kendal Corporation 2014)
- Café (The Kendal Corporation 2014)
- Private dining (The Kendal Corporation 2014)
- Living room (The Kendal Corporation 2014)
- Meditation room (The Kendal Corporation 2014)

**Sixth Level Common Areas**

*Source: The Admiral by the Lake*

Figure 6.7. The Admiral by the Lake sixth level common areas

- Pharmacy (The Kendal Corporation 2014)
- Retail (The Kendal Corporation 2014)
- Media room (The Kendal Corporation 2014)
- Spa & wellness center (The Kendal Corporation 2014)
- Screened terrace (The Kendal Corporation 2014)
- Open terrace (The Kendal Corporation 2014)
5. St Joseph Village of Chicago, 4021 W. Belmont Ave Chicago, IL
- Chapel (FSCSC, Inc. 2012)
- Outdoor courtyards (FSCSC, Inc. 2012)
- Town hall with a movie theater screen (FSCSC, Inc. 2012)
- Country store and deli (FSCSC, Inc. 2012)
- Library (FSCSC, Inc. 2012)
- Den (FSCSC, Inc. 2012)
- Life enrichment center (FSCSC, Inc. 2012)
- Dining room (FSCSC, Inc. 2012)
- Wellness center (FSCSC, Inc. 2012)
- Spa (FSCSC, Inc. 2012)
- Fitness center (FSCSC, Inc. 2012)
- Beauty/barber shop (FSCSC, Inc. 2012)

6. Common features and spaces
- Dining room
- Outdoor area
- Beauty/barber shop
- Wellness center
- Library
- Retail/market
- Fitness center

7. Unique features and spaces
- Audiologist & Podiatrist
- On-site banking
- Billiard room
- Ice cream parlor
- Town hall with movie theater screen
- Café
- Deli

d. Summary

Examination of the floor plans, features, amenities, and common area features and spaces found within senior housing models in the Chicago market benefits the proposed facility in many respects.

A comparison of the square footage allotted to residential units can be used to guide the programmatic design process. In addition this information expands the understanding of the consumer expectation of living space when seeking a residence.

The examination of features, amenities, common areas, and spaces during the review of the selected samples gives the opportunity to determine what elements should be included during the programmatic process. This also provides an opportunity to examine what features and amenities are currently not offered in the market. This process also brings to light the needs to conduct further research. Identifying the hobbies, likes, and dislikes of the Baby Boomer generation can further push the design in new directions. Inclusion of unique services and amenities would give distinction to the property, increase the competitive edge in
the market, and theoretically raise facility occupation rates as well as the satisfaction of the residents.
Chapter 7 Programming

a. Introduction

The space programming has been based upon the proceeding assessments completed on senior housing models in the Chicago area.

The other rooms, spaces, services, and amenities within the programming were based upon those found in the prior precedents section. In addition there was an examination of case studies found in the American Institute of Architects Design for Aging Review assisted in the selection of spaces as well. The square footage allocated in the public room spaces is based upon the Whole Building Design Guide program from the National Institute of Building Sciences, space calculations from hotelplanner.com, Piotrowski and Roger’s Design for Commercial Interiors, as well as prior experience. In the residences the amount of space allocated to the floor plans are based upon averages calculated from senior housing models currently operating in the Chicago market.

b. Residences reception area/lobby

1. Reception desk 1@ 80 sq. ft.
2. Lounge/seating area 1@ 40 sq. ft.
3. Restrooms 2@ 50 sq. ft.
4. Refreshment station 1@ 30 sq. ft.
5. Concierge 1@ 50 sq. ft.
6. Mailboxes/package room 1@ 150 sq. ft.
7. Reception storage 1@ 100 sq. ft.
8. Two car elevator bank 2@ 120 sq. ft.

c. Independent living/assisted living

1. Housing
   a. Two bedroom unit 26@ 750 sq. ft.
   b. One bedroom unit 91@ 625 sq. ft.
   c. Open plan unit 52@ 450 sq. ft.
2. Commons areas 13@ 2400 sq. ft.
3. Housekeeping storage 26@ 80 sq. ft.
4. Janitorial/utility closets 26@ 30 sq. ft.
5. Club room 13@ 1,000 sq. ft.
6. Lounge areas 39@ 300 sq. ft.
   (Stair & elevator landings)
7. Vending & ice 13@ 50 sq. ft.
8. Restrooms 52@ 50 sq. ft.
9. Bulk/recyclables room 13@ 75 sq. ft.
10. Medical Storage 13@ 350 sq. ft.

d. Skilled nursing care

1. Housing units 35@ 250 sq. ft.
2. Common area 6@ 200 sq. ft.
3. Procedure Room 2@ 300 sq. ft.
4. Housekeeping storage 4@ 80 sq. ft.
5. Janitorial/utility closets          4@    30 sq. ft.  
6. Nursing stations             4@    40 sq. ft.  
7. Medical storage          4@    20 sq. ft.  
8. Foodservice kitchen        1@    600 sq. ft.  
       (shared with memory care)  
9. Kitchen storage           1@    300 sq. ft.  
10. Room service/meal delivery     1@    150 sq. ft.  
11. Foodservice storage       1@    100 sq. ft.  
12. Dining room              1@    1,680 sq. ft.  
13. Activities room          1@    1,000 sq. ft.  
14. Activities storage       1@    200 sq. ft.  
15. Clean Utility          2@    60 sq. ft.  
16. Soil Linen               2@    60 sq. ft.  
17. Medical Prep            2@    120 sq. ft.  
18. Staff Workroom          2@    200 sq. ft.  
19. Bulk/recyclables room   6@    75 sq. ft.  

**e. Memory care**  
1. Housing units       20@    250 sq. ft.  
2. Commons areas       3@    200 sq. ft.  
3. Common area kitchenette 1@    30 sq. ft.  
4. Housekeeping storage 2@    80 sq. ft.  
5. Janitorial/utility closets 2@    30 sq. ft.  
6. Nursing stations      2@    40 sq. ft.  
7. Medical storage       2@    20 sq. ft.  

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Quantity</th>
<th>Square Feet</th>
</tr>
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<tbody>
<tr>
<td>8</td>
<td>Foodservice storage</td>
<td>1@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>9</td>
<td>Dining room</td>
<td>1@</td>
<td>700 sq. ft.</td>
</tr>
<tr>
<td>10</td>
<td>Activities room</td>
<td>1@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>11</td>
<td>Activities storage</td>
<td>1@</td>
<td>200 sq. ft.</td>
</tr>
<tr>
<td>12</td>
<td>Clean Utility</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>13</td>
<td>Soil Linen</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>14</td>
<td>Procedure Room</td>
<td>2@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>15</td>
<td>Staff Workroom</td>
<td>1@</td>
<td>200 sq. ft.</td>
</tr>
<tr>
<td>16</td>
<td>Bulk/recyclables room</td>
<td>1@</td>
<td>75 sq. ft.</td>
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**f. Retail outlets**

<table>
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<th>Description</th>
<th>Quantity</th>
<th>Square Feet</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Grocery</td>
<td>1@</td>
<td>1,200 sq. ft.</td>
</tr>
<tr>
<td>2</td>
<td>Clothing</td>
<td>1@</td>
<td>800 sq. ft.</td>
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<tr>
<td>3</td>
<td>Gift store</td>
<td>1@</td>
<td>800 sq. ft.</td>
</tr>
<tr>
<td>4</td>
<td>Pharmacy/Convenience</td>
<td>1@</td>
<td>1,200 sq. ft.</td>
</tr>
<tr>
<td>5</td>
<td>Bakery/coffee shop/cafés</td>
<td>1@</td>
<td>1,200 sq. ft.</td>
</tr>
<tr>
<td>8</td>
<td>Ice cream parlor</td>
<td>1@</td>
<td>400 sq. ft.</td>
</tr>
<tr>
<td>9</td>
<td>Hair salon</td>
<td>1@</td>
<td>800 sq. ft.</td>
</tr>
<tr>
<td>10</td>
<td>Barber shop</td>
<td>1@</td>
<td>400 sq. ft.</td>
</tr>
<tr>
<td>11</td>
<td>Flower shop</td>
<td>1@</td>
<td>400 sq. ft.</td>
</tr>
<tr>
<td>12</td>
<td>Bar/restaurant</td>
<td>2@</td>
<td>7,000 sq. ft.</td>
</tr>
<tr>
<td>13</td>
<td>Bank</td>
<td>1@</td>
<td>400 sq. ft.</td>
</tr>
<tr>
<td>14</td>
<td>Postal</td>
<td>1@</td>
<td>400 sq. ft.</td>
</tr>
<tr>
<td>15</td>
<td>Fitness</td>
<td>1@</td>
<td>7,000 sq. ft.</td>
</tr>
<tr>
<td>16</td>
<td>Art studio/gallery</td>
<td>1@</td>
<td>1,200 sq. ft.</td>
</tr>
</tbody>
</table>
17. Pet rescue & retail store 1@ 1,600 sq. ft.
18. Senior center 1@ 5,000 sq. ft.
19. Common area/lounge seating 1@ 1,000 sq. ft.
20. Restroom (10 toilet @ 75ppl cap.) 2@ 225 sq. ft.

g. Exterior spaces

1. Outdoor cafe – sidewalk 1@ 1,050 sq. ft.
2. Outdoor dining – sidewalk 1@ 1,050 sq. ft.
3. Outdoor Patio 6@ 1,120 sq. ft.
4. Rooftop deck
   a. Rooftop garden 1@ 12,500 sq. ft.
   b. Rooftop dining/lounge area 1@ 2,000 sq. ft.

h. Medical center

1. Dental clinic
   a. Exam rooms 3@ 125 sq. ft.
   b. Records 1@ 60 sq. ft.
   c. Waiting area 1@ 120 sq. ft.
   d. Doctor’s office/consult 1@ 120 sq. ft.
   e. Nursing work area 3@ 40 sq. ft.
   f. Reception desk 1@ 60 sq. ft.
   g. Medical Storage 1@ 20 sq. ft.
   h. Clean Supply 1@ 60 sq. ft.
   i. Soil Utility 1@ 60 sq. ft.
2. Eye clinic
   a. Exam rooms 3@ 125 sq. ft.
   b. Records 1@ 60 sq. ft.
   c. Waiting area 1@ 120 sq. ft.
   d. Doctor’s office/consult 1@ 120 sq. ft.
   e. Nursing work area 3@ 40 sq. ft.
   f. Reception desk 1@ 60 sq. ft.
   g. Medical Storage 1@ 20 sq. ft.
   h. Clean Supply 1@ 60 sq. ft.
   i. Soil Utility 1@ 60 sq. ft.

3. Geriatric
   a. Exam rooms 3@ 125 sq. ft.
   b. Records 1@ 60 sq. ft.
   c. Waiting area 1@ 120 sq. ft.
   d. Doctor’s office/consult 1@ 120 sq. ft.
   e. Nursing work area 3@ 40 sq. ft.
   f. Reception desk 1@ 60 sq. ft.
   g. Medical Storage 1@ 20 sq. ft.
   h. Clean Supply 1@ 60 sq. ft.
   i. Soil Utility 1@ 60 sq. ft.

4. Physical rehabilitative services
   a. Physical therapy room 1@ 500 sq. ft.
   b. hydrotherapy 1@ 300 sq. ft.
   c. Office/consultation 2@ 120 sq. ft.
   d. Audiology 1@ 120 sq. ft.
   e. Speech therapy 1@ 120 sq. ft.
5. Family practitioners
   a. Exam rooms          9@  125 sq. ft.
   b. Records           2@     60 sq. ft.
   c. Waiting area                   1@   120 sq. ft.
   d. Doctor’s office/consult  3@     120 sq. ft.
   e. Nursing work area       3@     40 sq. ft.
   f. Reception desk          1@     60 sq. ft.
   g. Medical Storage          3@    20 sq. ft.
   h. Clean Supply           3@     60 sq. ft.
   i. Soil Utility            3@     60 sq. ft.

6. Shared medical specialist office
   a. Exam rooms          3@  125 sq. ft.
   b. Records           1@     60 sq. ft.
   c. Waiting area                   1@   120 sq. ft.
   d. Doctor’s office/consult  1@     120 sq. ft.
   e. Nursing work area       3@     40 sq. ft.
   f. Reception desk          1@     60 sq. ft.
   g. Medical Storage          1@    20 sq. ft.
   h. Clean Supply           1@     60 sq. ft.
   i. Soil Utility            1@     60 sq. ft.
7. Lab

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Workroom</td>
<td>1@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>b. Medical Storage</td>
<td>3@</td>
<td>20 sq. ft.</td>
</tr>
<tr>
<td>c. Clean supply</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>d. Soil utility</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>e. Records</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
</tbody>
</table>

8. X-ray

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Square Feet</th>
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</thead>
<tbody>
<tr>
<td>a. X-ray Room</td>
<td>2@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>b. Radiation-proof booth</td>
<td>2@</td>
<td>40 sq. ft.</td>
</tr>
<tr>
<td>c. Medical Storage</td>
<td>3@</td>
<td>20 sq. ft.</td>
</tr>
<tr>
<td>d. Clean supply</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>e. Soil utility</td>
<td>1@</td>
<td>60 sq. ft.</td>
</tr>
<tr>
<td>f. Records</td>
<td>1@</td>
<td>60 sq. ft.</td>
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10. Medical center support spaces

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Square Feet</th>
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<tbody>
<tr>
<td>a. Medical lobby/waiting</td>
<td>1@</td>
<td>500 sq. ft.</td>
</tr>
<tr>
<td>b. Main reception desk</td>
<td>1@</td>
<td>100 sq. ft.</td>
</tr>
<tr>
<td>c. Records</td>
<td>1@</td>
<td>180 sq. ft.</td>
</tr>
<tr>
<td>d. Coding/billing</td>
<td>1@</td>
<td>300 sq. ft.</td>
</tr>
<tr>
<td>e. Medical director office</td>
<td>1@</td>
<td>150 sq. ft.</td>
</tr>
<tr>
<td>f. Administrative assistant</td>
<td>1@</td>
<td>120 sq. ft.</td>
</tr>
<tr>
<td>g. Restrooms</td>
<td>4@</td>
<td>50 sq. ft.</td>
</tr>
<tr>
<td>h. Housekeeping storage</td>
<td>2@</td>
<td>80 sq. ft.</td>
</tr>
<tr>
<td>i. Janitorial/utility closet</td>
<td>2@</td>
<td>30 sq. ft.</td>
</tr>
<tr>
<td>j. Bulk/recyclables room</td>
<td>6@</td>
<td>75 sq. ft.</td>
</tr>
</tbody>
</table>
### I. Administration

| 1. Head administrator             | 1@ | 200 sq. ft. |
| 2. Human resources director       | 1@ | 150 sq. ft. |
| 3. Facility manager               | 1@ | 150 sq. ft. |
| 4. Administrative assistant       | 1@ | 100 sq. ft. |
| 5. Social worker                  | 1@ | 150 sq. ft. |
| 6. Housing manager                | 1@ | 150 sq. ft. |
| 7. R.N. office                    | 1@ | 150 sq. ft. |
| 8. Sales & marketing director     | 1@ | 150 sq. ft. |
| 9. Sales manager                  | 2@ | 100 sq. ft. |
| 10. Social program director       | 1@ | 150 sq. ft. |
| 11. Office supply storage         | 1@ | 100 sq. ft. |
| 12. Controller office             | 1@ | 150 sq. ft. |
| 13. Accounts receivable           | 3@ | 100 sq. ft. |
| 14. Accounts payable              | 3@ | 100 sq. ft. |
| 15. Waiting room                  | 1@ | 100 sq. ft. |
| 16. Bulk/recyclables room         | 1@ | 75 sq. ft.  |

### J. Religion

| 1. Chaplin office                | 1@ | 150 sq. ft. |
| 2. Sanctuary                     | 1@ | 600 sq. ft. |
| 3. Storage                       | 1@ | 150 sq. ft. |
### k. Meeting/group activity facilities

<table>
<thead>
<tr>
<th>No.</th>
<th>Facility</th>
<th>Quantity</th>
<th>Square Feet</th>
</tr>
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<tr>
<td>1</td>
<td>Boardroom</td>
<td>1</td>
<td>900 sq. ft.</td>
</tr>
<tr>
<td>2</td>
<td>Ballroom/town hall</td>
<td>1</td>
<td>6000 sq. ft.</td>
</tr>
<tr>
<td>3</td>
<td>Meeting room/lecture hall</td>
<td>3</td>
<td>600 sq. ft.</td>
</tr>
<tr>
<td>4</td>
<td>Conference room</td>
<td>4</td>
<td>175 sq. ft.</td>
</tr>
<tr>
<td>5</td>
<td>A/V storage</td>
<td>1</td>
<td>175 sq. ft.</td>
</tr>
<tr>
<td>6</td>
<td>Holding kitchen</td>
<td>1</td>
<td>1500 sq. ft.</td>
</tr>
<tr>
<td>7</td>
<td>Storage</td>
<td>1</td>
<td>600 sq. ft.</td>
</tr>
<tr>
<td>8</td>
<td>Event manager office</td>
<td>1</td>
<td>150 sq. ft.</td>
</tr>
<tr>
<td>9</td>
<td>Restroom (9 toilet @ 75ppl cap.)</td>
<td>2</td>
<td>200 sq. ft.</td>
</tr>
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### i. Maintenance department

<table>
<thead>
<tr>
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<th>Facility</th>
<th>Quantity</th>
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<tr>
<td>1</td>
<td>Workshop</td>
<td>1</td>
<td>500 sq. ft.</td>
</tr>
<tr>
<td>2</td>
<td>Chief Engineer Office</td>
<td>1</td>
<td>150 sq. ft.</td>
</tr>
<tr>
<td>3</td>
<td>Storage</td>
<td>1</td>
<td>500 sq. ft.</td>
</tr>
<tr>
<td>4</td>
<td>Mechanicals room</td>
<td>1</td>
<td>3000 sq. ft.</td>
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</table>

### m. Housekeeping department

<table>
<thead>
<tr>
<th>No.</th>
<th>Facility</th>
<th>Quantity</th>
<th>Square Feet</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Executive Housekeeper office</td>
<td>1</td>
<td>150 sq. ft.</td>
</tr>
<tr>
<td>2</td>
<td>Equipment storage</td>
<td>1</td>
<td>500 sq. ft.</td>
</tr>
<tr>
<td>3</td>
<td>Laundry</td>
<td>1</td>
<td>400 sq. ft.</td>
</tr>
</tbody>
</table>
4. Linen storage 1@ 300 sq. ft.
5. Stock room 1@ 500 sq. ft.

n. Storage/receiving

1. Commercial/retail storerooms
   a. Large storage 7@ 500 sq. ft.

2. Residential facility storage units 224@ 25 sq. ft.

3. Medical offices storage 15@ 100 sq. ft.

4. Garbage/recyclables 2@ 300 sq. ft.

5. Bicycle storage
   a. Enclosed 1@ 450 sq. ft.
   b. Open 2@ 80 sq. ft.

6. Receiving dock 1@ 3,930 sq. ft.

7. Receiving office 1@ 150 sq. ft.

8. Distribution director office 1@ 150 sq. ft.

9. Warehouse/product holding/staging 1@ 2,200 sq. ft.

8. Cargo elevator 2@ 75 sq. ft.
o. Sustainability component

Construction of the proposed facility would utilize components of sustainable design practice standards created by the United States Green Building Council. This would be done in part to satisfy the minimum sustainable guidelines set forth by the City of Chicago’s Sustainable Development Policy. The Sustainable Development Policy addresses environmentally sensitive issues and creates a healthier environment for the end user of the facility. Utilizing the following design strategies would exceed the sustainability requirements. (City of Chicago 2007) Also this would serve as a starting point for the facility to incorporate other sustainable design and construction practices, materials, and systems to acquire LEED designation during its development.

The proposed development is located in an area where mass transit is readily available within a walkable distance. The facilities location near mass transit will offer the facility the opportunity to earn up to 5 points in the LEED rating system. (United States Green Building Council 2012-2014)

The site plan will incorporate ramp parking. In its layout the designation of twelve parking spaces for hybrid vehicle parking, six electric car charging stations, and six designated spaces for Zipcars (a local car share program) will be included. This will give the opportunity to earn one point for a reduced parking footprint, one point for the green vehicle use, and two additional points for covering the parking to reduce heat island effect. (United States Green Building Council 2012-2014)

The design will incorporate areas for bicycle racks for patrons and guests as well as a bicycle room for the residents and staff of the development. This will give
an opportunity for one point on the LEED rating system as well. (United States Green Building Council 2012-2014)

Source: cityofchicago.org

Figure 7.1. City of Chicago Sustainable Development Policy

Sustainability is first addressed by the site selection. Sustainable Site selection is fulfilled because it is a brownfield site. Meeting the city’s requirements with an appropriate floor-to-area-ratio, maximum building density, and community connectivity are all components of the requirement fulfillment of the Sustainable
Development Policy and LEED requirements set forth by the United States Building Council as well. (Cottrell 2010)

The materials and resources used for construction purposes and materials utilized for finishes within the structure should be comprised of a minimum of 90% recycled or renewably sourced materials. (Cottrell 2010) Building material life-cycle impacts would be assessed during the design process as well. In addition the project team will address waste management within the facility by creating a recyclables collection room. (Cottrell 2010) Additionally, after occupancy waste reduction strategies should be addressed by the facility management team. (United States Green Building Council 2012-2014)

Water efficiency would be addressed within the facility by the specification of low-flow fixtures. Toilets, waterless urinals, aerated faucets and shower heads specified will reduce the buildings water usage by a minimum of 30% in contrast to a comparable structure. (Cottrell 2010) Integration of these strategies into the plan can earn up to four points on the LEED rating system. (United States Green Building Council 2012-2014) On the building’s exterior the use of drought-resistant plantings and a rooftop rain garden and collections system to gather rain water for watering and grey water use will bolster water use reduction plans as well. (Cottrell 2010)

Energy and atmosphere will be addressed by the use of a commissioning agent on the design, installation, and training of building maintenance staff post-construction of all major building systems including lighting, domestic hot water,
HVAC&R, and any renewable energy (if possible to integrate) generated on site. The Commissioning Agent will oversee the facility design meets or exceeds minimum energy performance, and will establish the fundamentals for the Refrigerant Management Program for the building management and maintenance teams.

Indoor Environmental Quality will be addressed by not only the selection of proper building material selections but use of low-emitting furnishings, paints, and sealants as well. The creation of proper thermal comfort by zoning the HVAC systems and adequate ventilation integration into the HVAC system would be necessary to meet this goal as well. (Cottrell 2010) Additionally, access to fresh air throughout the facility by use of functional windows, day-lighting of the interiors, and exterior views through the window whenever possible in the design are also necessary.

**p. Totals**

<table>
<thead>
<tr>
<th>Description</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Residence Space:</td>
<td>113,525</td>
</tr>
<tr>
<td>Total Common/Public Space:</td>
<td>187,730</td>
</tr>
<tr>
<td>Total Square Footage:</td>
<td>301,255</td>
</tr>
</tbody>
</table>
Chapter 8 Design Development

a. Introduction

The development of the facility layout is detailed in the following section. Blocking diagrams and sketches have been included to illustrate adjacencies, amenity and service areas, as well as overall facility layout. Special consideration has been given to create smaller seating areas (near circulation paths) to encourage socialization in residential and public areas. Note that all residential levels of the facility feature a seating area permitting a view of the driveway approach. This design concept allows residents to watch for an anticipated guest or transportation outside of the facility.

Source: Google Earth

Figure 8.1. Current site image
b. Building section

Figure 8.2. Building section blocking diagram
- The building section in figure 6.2 indicates how the levels of the facility interact with one another.

- The south and central elevator cores open to the front and rear, allowing for easier access for service and medical staff, minimizing the traffic in some building levels circulation areas, and minimizes disruption to activities in common areas.

- The building section also indicates how the main level is visible by levels four, three, and two from above, giving a connectivity to the public areas.
c. Lower level

Figure 8.3. Lower level (service/storage) blocking diagram
- This level accommodates the service and storage functions of the facility.

- All deliveries will be taken on the ramp dock and distributed from the warehouse.

- There are three elevator and stair banks in the facility, with cargo elevators located at the north and south banks.

- There are employee designated cafeteria/break room and changing area/restrooms located on this level, giving staff an opportunity to leave their work area during breaks and meals, and an area to change into or out of uniform.

- Recycling and bulk collection room is located on this level, as well as the housekeeping and maintenance offices and work areas.
d. Main level

Figure 8.4. Main level (retail) blocking diagram
- Located on the south side of the building is a horseshoe driveway, loading zone, and temporary parking. This area enters into the residence lobby. The lobby itself will offer limited seating to deter congregating in this area.

- North of the residence lobby is the retail center of the facility. Postal, banking, grooming, and additional retail offerings are also housed on this level.

- The ice cream parlor, café/bakery, and bar/restaurant will be open-air concepts. The venues conceptually offer differing settings to appeal to varying preferences of the residents and end users from the greater community.

- The central elevator bank’s design approach differs from the north and south banks. This elevator bank will be glass enclosed as well as the stair case accompanying them. This stairwell and elevator glass enclosure design intent is to encourage stair use in the facility as well as allow the natural light from the exterior to penetrate to the building core.

- There are indoor seating areas in the retail level. These are to encourage spontaneous socialization as well as for those waiting for or taking a rest between services in the retail outlets. There are three additional outdoor seating areas on this level as well, one accommodating the guests of the bar/restaurant, another for those in the ice cream parlor and café, and a third that is adjacent to the residence lobby on the buildings south entrance.

- Note the circulation path that terminates between the elevator bank and the loading dock ramp on the facility east wall. This leads to the parking ramp of the facility. It is located on a vacant lot across the alley bordering the east side of the
facility. The ramp will be connected to the facility by skywalk on levels three and four (these parking levels will be reserved for residents). Ramp levels one, two, five, and six will be public parking areas.
e. Level two

Figure 8.5. Level two (social/fitness center) blocking diagram
- Level two is dedicated to the social and fitness programs of the facility.

- This level was designed with an open concept. The strategy behind this decision is to allow activity on this level to be visible by all to encourage activity and social interaction. The design intent of allowing the main level visible on this level will encourage end-users to see (and hopefully engage) in the activities occurring within the facility public areas.

- Being the senior center is open-concept strategy plantings and furniture placement will create the intimate areas desired for some activities such as support groups.

- The chapel’s adjacency to the senior center will allow for overflow by utilizing moveable partitions for larger accommodations on holidays, ceremonies, and activities of larger scale.

- The fitness center is adjacent to the senior center. The adjacency allows for joint programs encouraging physical activity by both amenities. Note the fitness center and the senior center are visible from the street for encouragement of outside inquiry from the greater community.
f. Level three

Figure 8.6. Level three (medical care) blocking diagram
- This level is connected to the adjacent parking by skywalk, and the residents can access the residential levels of the facility from all three elevator banks.

- Level three is the medical center of the facility.

- Note that the lower levels are visible on this level as well. There a central waiting area to encourage socialization.

- Additional space is allotted in each of the offices for additional waiting areas.
g. Level four

Figure 8.7. Level four (meeting/learning center) blocking diagram
- Level four houses the meeting/learning center of the facility.

- The spaces in the conference rooms and lecture halls are flexible, with the use of moveable partitions, allowing for functions of varying sizes.

- The ballroom on the west perimeter of the facility will be divisible as well, its larger size provides the capability to host functions from overflow lecture and meeting space to town hall meetings, concerts, weddings and anniversary parties.

- This level looks down into the lower levels as well, continuing the feeling of connectivity.

- This design feature also allows for the integration of an additional handrail along the circulation path without it appearing to be an added element to accommodate the older residents.
h. Level five

Figure 8.8. Level five (memory care) blocking diagram
- Level five use is reserved for the memory care unit within the facility.

- The layout also allows for only one elevator bank to be visible by the residents, lessening the chance of following other facility end-users out of the memory care unit. This design feature also gives the care, housekeeping, and food and beverage staff exclusive use of the east corridor.

- The circulation path of this level is partitioned at the north nursing station and west of the patio. This design feature will lessen the resident disorientation created by multiple corridors. The circulation path leads the user from the residences to the dining/activity center and the commons area.

- Nursing stations on this level are in sightlines of the commons, dining/activity areas, as well as the residences on the level. The space plan also gives the residence access to a secured outdoor space off of the dining/activity area.

- The holding kitchen on this level will be supplied with food prepared in the main kitchen on level six. There is space allotted within the kitchen pantry for snacks and drinks for the residents in the kitchenettes in the common areas as well.
h. Level six

Figure 8.9. Level six (skilled nursing care) blocking diagram
- Levels six and seven are dedicated to skilled nursing care within the facility.

- Seating areas are smaller than on other levels of the facility to reduce the background noise created by multiple conversations in one area, and are placed in sight lines of the elevator cores, exterior, and driveway areas.

- The nursing stations on both levels are again placed in sight lines of the residences.

- On each level there is space in the south-west corner for a charge-nurse office and staff work areas.

- Space configuration allotted for two procedure rooms on each level.

- There are activity rooms located on both levels to allow for multiple activities at one time.

- Level six houses the kitchen, which prepares the meals for nursing and memory care room delivery and dining room services.

- The dining room and patio for skilled nursing care are located on level six.
Figure 8.10. Level seven (skilled nursing care) blocking diagram
J. Levels eight - twenty

Figure 8.11. Levels eight through twenty (independent and assisted living) blocking diagram
- Levels eight through twenty are dedicated to independent living and assisted living resident units within the facility.

- The assisted living and independent living units are not separated so residents can remain in their homes for as long as possible.

- Assisted living services are sourced from the skilled nursing care department.

- There is a club room on each level to provide a social area for smaller informal group activities, gatherings, and functions for residents with their neighbors.

- Multiple seating areas within the circulation paths again are integrated in the design to create opportunities of spontaneous socialization with neighbors and guests of the facility.

- Note the integration of restrooms near the elevator banks as on previous levels. This lessens the need for residents to excuse themselves to their residence from the social areas to use the restroom.
k. Rooftop

Figure 8.12. Rooftop (garden and social spaces) blocking diagram
- The rooftop the design integrates circulation paths connecting small seating areas, giving residents the opportunity for quiet spaces for reading or other reflective activities.

- The north and south elevator banks are enclosed in glass vestibules. This allows the residents access to views of the Chicago skyline and Lake Michigan any time of year, as well as protecting the elevators themselves from the harsh elements.

- The central elevator bank gives access to the rooftop bar and restaurant without the need to be exposed to the weather when it is less than ideal.

- East of the party room note the outdoor dining area. This space is designated for rooftop dining/lounge for events and summer holiday functions as well as a space for activities such as morning yoga or stargazing in the evening hours.
a. Introduction

Floor plan diagrams in this section illustrate the programmatic solutions for the facility. Refinements of the space blocking illustrated in the prior section provides a better understanding of the adjacencies of services, amenities, and residences on each level of the facility, and how they are correspond to one another.
b. Lower Level

Figure 9.1 Lower level floor plan
- The lower level is dedicated to the functions and employees of the facility.

- The southernmost area of this level houses the storage units for those residents in the memory care and skilled nursing floors.

- The employee break room space will also accommodate a small cafeteria line for peak dining periods and changing facilities.

- The central (monumental) staircase and elevator will not service this level as originally planned. Removing it will provide more room for movement of supplies and personnel through the corridor connecting the east and west corridors of the facility, as well as remove the risk of the glass enclosures being damaged.
c. Main Level

Figure 9.2 Main level floor plan
- The placement of some of the smaller offerings on the interior corridor draws the outside community into the facility. This gives them the opportunity to see what the facility has to offer the greater community.

- The expansive interior corridor allows for socializing with other patrons.

- In addition, gives those utilizing the facility access the retail entities without enduring the outdoors when the weather is not ideal for walkability outdoors.

- Placing the residential entrance on the south side of the structure eliminates confusion to those looking for the retail and service entities of the facility.
d. Level two

Figure 9.3 Level two floor plan
- The fitness and the senior centers are open to one another as stated in the design development section.

- A smaller-scale locker room was implemented as many of the users of the fitness center live in the facility.

- Administrative offices placed on this level will accommodate administrators such as activities director, social worker, etc...

- Note this level looks down onto the corridor of the retail area, the bar/restaurant, and the residence lobby, keeping connectivity with the main level.
e. Level three

Figure 9.4 Level three floor plan
- Level three is dedicated to medical offices and practices in the facility.

- Administrative office placement remains consistent with those of level two.

- Placement of eye care, x-ray, and labs at interior as natural light is not beneficial to these practices.

- Those practices which could benefit from views and natural light have been placed upon perimeter locations.

- Reception and waiting has been centralized. This strategy allows for moments of social participation between end users.

- The parking ramp is accessible at the north-east corridor near the north elevator bank.
f. Level four

Figure 9.5 Level four floor plan
- Ballroom and conference room components have been reconfigured to provide more flexible accommodations for not only private functions, but for facility sponsored events as well.

- Office placement is again consistent with that of lower levels.

- Boardroom was given more prominence than in the original blocking.
g. Level five

Figure 9.6 Level five floor plan
- Memory care level of the facility.

- Resident kitchenette and seating area in the center of the east corridor for easy locating.

- Corridor terminates in the main eating and activity area for residents, again to accommodate way-finding.

- Design strategy places outdoor access adjacent to commons areas for easy locating for residents.

- Two deluxe rooms with views of the lake and downtown provided in the south side of this level.

- Seating area away from the main eating/activities area provided for visitors, residents wishing for quieter public accommodations.
h. Level six

Figure 9.7 Level six floor plan
- Levels six (along with level seven) provide skilled nursing care for the facility.

- Dining services for skilled nursing provided from this level (food preparation for memory care is provided on this level as well).

- Design strategy places procedure rooms near nursing stations.

- Two larger nursing stations provide 360 degree view of the surrounding resident rooms.

- Level seven dining area doubles as activity space for residents.

- Larger seating areas on level seven also provide activity space.
I. Level seven

Figure 9.8 Level seven floor plan
J. Levels eight through twenty

Figure 9.9 Levels eight through twenty floor plan
- Two bedroom units given lake/downtown views.

- Assisted living equipment storage provided on each level.

- Club rooms on each level equipped with stacking panel doors for group use and accessibility.

- Club room placement near elevator for parking for ease of ability for facility guest to locate.

- Natural light illuminates the common seating areas.
k. Rooftop

Figure 9.10 Rooftop floor plan
- Walking paths connecting small seating areas between planter areas.

- Interior seating areas enclosed with elevator/stairs.

- Outdoor lounge/dining and restaurant face lake and city views.
Chapter 10 Conclusions

a. Conclusions and summary of contributions

The Continuing Care Retirement Community serves a very noble purpose: To meet the needs of the mind, body, and spirit of the older adult that chooses the facility as their last home. This work challenges this care and housing model in the urban environment. As the problem was stated in section three, the built environment of a Continuing Care Retirement Community can broaden the opportunities for social interaction while benefiting the surrounding community.

- The placement of a Continuing Care Retirement Community in an urban area creates opportunities for its residents to participate in the greater community due to its accessibility.

- The design solution provided in this work has manipulated the functions of the services, amenities, features, and common areas of the built environment of the Continuing Care Retirement Community. In doing so it allows the functions to service not only the residents of the facility but the greater community in which the built environment is constructed.

- By inviting the greater community to utilize the services and amenities of the facility it introduces opportunities for social interaction for the residents of the facility with their neighbors and friends in the greater community. Thus the manipulation of the built environment can enhance social interaction for the end user.
b. Reflections

Though addresses how the problem statement has contributed to the knowledge base on the subject, the solution poses many other questions that need be answered. While the design solution spatially and programmatically answers how to fulfill the need of the problem statement the most fundamental roadblock would be how to gain approval of the project by the city government, and more specifically the citizens of the city themselves. Because the main parcel of land is owned by the city, it takes approval of the people who live in the Alderman’s district to put forward a proposal of any type for approval by the entire city council. Speaking with several staff members of city hall and then with the staff of the Alderman Moore of the 49th ward (where the property lies) the proposed design solution does meet most of the criteria that has been set forth for the property. Not fulfilling the criteria was the reasoning behind several other proposals for the property being turned away. According to Mike Land, Assistant to Alderman Moore, the property is zoned C1-5 which is a designation that would allow several mixed-use variations, with a cap of 215 residential units at 80 feet. However, he was confident that the height and the residential unit capacity could be increased because of the city’s interest of a high-density property constructed on the site.

Another question raised is how do you ensure the project is as well received as possible by the community? A possible suggestion to understand public opinion would be conducting polls and questionnaires regarding what retail and service entities they would wish to have more presence in their neighborhood (and those they do not). Also, finding what services and retailers in the community are currently
lacking would possibly help avoid pitfalls as well. Polls, questionnaires, and conducting research of medical services are lacking and would be sought out by the local neighborhood if available should also be considered. There may currently be a deficiency in specific medical specialists or services that would prove beneficial to provide service not only to the future residents’ of the facility, but the surrounding community. Possibly this tactic could aid in gaining approval of the proposed facility by the community.

While understanding what the community needs and wants is vital, it still does not completely answer what potential residents would want from the facility. Not only in regards to services and amenities that are shared by the public, but those that are part of the residential, or “private residence” component of the facility. What do they expect from a club room? To find out what these answers are important. But also, should it not be known what would provide a wow factor to not only those whom are seeking residence now, but those in the near future as well? Feedback from those already in similar facilities may provide solid guidance, but perhaps seeking out candidates that will be part of the market in the next decade should be a source of answer to these questions as well. This may provide insight of how not only to be competitive entering the market, but in the years to come as well.

One of the most important aspects to be addressed is how a development company can fund a project of this scale. Because financial underwriting (whether by federal funding programs such as FHA and HUD or even funding programs for mixed use by Fannie Mae and Freddie Mac) have restrictions on how much gross
floor space can be commercial components or the net rentable space that can be commercially occupied in residential multi-unit dwellings. These factors could tie the hands of many firms what may otherwise be willing to pursue hybrid use such as a project as the one proposed. Possibly there could be financing options if funding and insuring the residential component separately, for example through FHA loans, and use other means to fund the commercial entities integrated into the design.

Another question that would need be answered would be what the cost analysis would be attached to the project. Because that there would be net rentable space versus the sunk costs found with the construction of traditional CCRCs this could be advantageous in the pursuit of financing. Also, due to the sustainability component discussed in Chapter 7 there would be expenses trimmed over the long term from the operation costs as well.

c. Future research

Future research opportunities upon completion of the proposed site would lie first and foremost in post occupancy evaluations. Defining how the environment is perceived by all end users (resident, staff, and greater community) could streamline the application of this concept to future endeavors. In addition, beyond using this type of CCRC for the “general” urban environment researching its application to niche market segments could prove to be beneficial. Seeking market data where CCRC need could be filled for defined users could provide even more resident and community benefit. To appeal to a specific resident (and greater community), it
would be necessary to research what components of the amenities and services need be altered to appeal to the specific niche market. If executed successfully the facility could possibly attract members of the greater community that share specific interests (and possibly traits such as ideals and values) that could cement social bonds easily with residents because of their commonalities. For example, its application within a CCRC catering to a common native language or culture, hobby, or lifestyle, may provide the benefits the original design concept lends, but also an overall preferred environment because of the common bond the residents (and possibly staff) share. Optimally the application may have the capability to produce higher resident satisfaction rates, better facility culture, and overall improvement of resident well-being.
Bibliography


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